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CONFIRMATION NO. 8478

SERIAL NUMBER 10/774,276	FILING OR 371(c) DATE 02/06/2004 RULE	CLASS 700	GROUP ART UNIT 2121	ATTORNEY DOCKET NO. 110003.00025.03AB048
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** CONTINUING DATA *** <i>None RL</i>				
** FOREIGN APPLICATIONS *** <i>None RL</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/05/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>RL</i>		STATE OR COUNTRY WI	SHEETS DRAWING 12	TOTAL CLAIMS 110
Verified and Acknowledged Examiner's Signature <i>RL</i> Initials		INDEPENDENT CLAIMS 8		
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TITLE Location based diagnostics method and apparatus				
FILING FEE RECEIVED 2820	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		